FACULTY REQUEST

_____ Personal Day _____ Professional Day

_____ Other

Name: _____ Today's Date: _____

Date (s) Requested for leave: _____

Name of Conference/Seminar: _____

_____

Location: _____

Estimated Total Mileage: _____

_____ Own Car _____ School Transportation

Cost Requested for the Following: _____ Registration Fee

_____ Lodging _____ # Nights Requested

Name of Motel/Hotel: _____

APPROVED: _____ Principal _____ Date

_____ Supt. _____ Date

Personal Days Left _____ # Professional Days Left _____

Amount $ Approved: _____